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Signature

Typed or printed name

Application Number	09/706,454			
Filing Date	November 3, 2000			
First Named Inventor	Kevin Negus			
Art Unit	2665			
Examiner Name	Tran, Thien D.			
Attorney Docket Number	034421-097			

Total Number of Pages in This Submiss	ion 9	Attorney Docket Nu	ımber	034421-097		
ENCLOSURES (check all that apply)						
Fee Transmittal Form	☐ Drawing(s)		☐ After Allowance Communication to TC			
Fee Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences			
Amendment / Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information			
After Final	Petition to Convert to a Provisional Application					
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address		ess	Status Letter		
Extension of Time Request	Terminal Disclaimer		Other Enclosure(s) (please identify below):			
Express Abandonment Request	Request for Refund CD, Number of CD(s)		Credit Card Payment Form Postcard			
Information Disclosure Statement	☐ Landscape Table on CD					
Certified Copy of Priority Document(s)	Remarks					
Reply to Missing Parts/ Incomplete Application						
Reply to Missing Parts under 37 CFR1.52 or 1.53				·		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Thelen Reid & Priest LLP						
Signature	What I want to the same of the					
Printed Name	Khaled Shami					
Date	December 2	<b>L</b> , 2005	Reg. No.	38,745		
CERTIFICATE OF TRANSMISSION/MAILING						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below						

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Karen A. Rogers

Date

December 22, 2005

Fees Paid (\$)

Effective on 12/08/2004. Fig. pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)	).	Complete if Known		
	Application Number	09/706,454		
FEE TRANSMITTAL	Filing Date	November 3, 2000		
for FY 2005	First Named Inventor	Kevin Negus		
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Tran, Thien D.		
	Art Unit	2665		
TOTAL AMOUNT OF PAYMENT (\$) 450.00	Attorney Docket No.	034421-097		
METHOD OF PAYMENT (check all that apply)				
☐ Check ☑ Credit Card ☐ Money Order ☐ None [	Other (please identif	ý):		
Deposit Account Deposit Account Number: 50-1698	Deposit Acc	ount Name: Thelen Reid & Priest LLP		
For the above-identified deposit account, the Director	is hereby authorized to:	(check all that apply)		
Charge fee(s) indicated below	☐ Cha	rge fee(s) indicated below, except for the filing fee		
Charge any additional fee(s) or underpayment Under 37 CFR 1.16 and 1.17	.,	dit any overpayments be included on this form. Provide credit card		

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES Small Entity** Small Entity **Small Entity** Fees Paid (\$) **Application Type** Fee(\$) Fee(\$) Fee(\$) Fee(\$) Fee(\$) Fee (\$) 200 100 Utility 300 150 500 250 200 100 100 50 130 65 Design 160 80 200 100 300 150 Plant 600 300 500 250 Reissue 300 150 100 0 0 0 Provisional 200 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) 180 360 Multiple dependent claims Fee Paid (\$) **Multiple Dependent Claims** Extra Claims **Total Claims** Fee(\$) Fee Paid (\$) -20 or HP= Fee (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Indep. Claims Fee(\$) Fee Paid (\$) - 3 or HP= HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets

Other (e	<u>\$4:</u>	\$450.00		
SUBMITTED BY				
Signature	Marie Constitution of the	Registration No. (Attorney/Agent) 38,745	Telephone	408-292-5800
Name (Print/Type)	Khaled Shami		Date	Dec. 22, 2005

\_ (round up to a whole number) x

- 100 =

4. OTHER FEE(S)

/50 =

Non-English Specification, \$130 fee (no small entity discount)

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